

~~BEST AVAILABLE COPY~~

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/112,214</u>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2	/					52				
3	/					53				
4	13					54				
5	13					55				
6	④1					56				
7	1④					57				
8	④1					58				
9	1④					59				
10	④1					60				
11	1④					61				
12	/					62				
13	④1					63				
14	1④					64				
15	④1					65				
16						66				
17						67				
18						68				
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36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	2					TOTAL IND.				
TOTAL DEP.	13	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	15					TOTAL CLAIMS				